

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3114 / 4630

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marco Rubio for President**

**A. Full Name (Last, First, Middle Initial)**

**MR. RODNEY B. SORKIN**

Mailing Address 1335 S. GUILFORD RD.

City	State	Zip Code
CARMEL	IN	46032-2999

FEC ID number of contributing federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
AUTHOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

347.00

**Transaction ID : SA17.944378**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		18		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

35.00

**B. Full Name (Last, First, Middle Initial)**

**MS. CAROLINE B. SORY**

Mailing Address 266 SOUTHLAND RD

City	State	Zip Code
PALM BEACH	FL	33480-3417

FEC ID number of contributing federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

440.00

**Transaction ID : SA17.944505**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		18		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

**C. Full Name (Last, First, Middle Initial)**

**MS. GEORGINA I. SOSA**

Mailing Address 700 BILTMORE WAY

City	State	Zip Code
CORAL GABLES	FL	33134-7555

FEC ID number of contributing federal political committee.

C

Name of Employer  
TRUE SOURCE  
FILMS/EMPIRE BUSINESS ASSOCI

Occupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.05

**Transaction ID : SA17.994534**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		14		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

175.00

**Subtotal Of Receipts This Page (optional)**.....

410.00

**Total This Period (last page this line number only)**.....